

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
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**COVER PAGE**

*A Public Document*

2009 MAR 30 AM 11:17

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Belshe	S.	Kimberly	( 916 ) 654-3454	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1600 Ninth Street, Room 460		Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California Health and Human Services Agency

Division, Board, District, if applicable:

Your Position:

Agency Secretary

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attachment

Position:

**4. Schedule Summary**

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☒ Yes – schedule attached  
*Income – Gifts – Travel Payments*

**-OR-**

☐ No reportable interests on any schedule

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

**-OR-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

**-OR-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 26, 2009  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

S. Kimberly Belshe

NAME OF BUSINESS ENTITY  
American Express

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Financial Services Company

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Ericsson Wireless Communication

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Technology

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Ameriprise

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Financial Services Company

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Washington Federal Savings & Loan

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Savings & Loan

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
Cisco

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Technology

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
 ACQUIRED      DISPOSED

Comments:

# **SCHEDULE D** **Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name S. Kimberly Belshe
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► NAME OF SOURCE  
California Chamber of Commerce  
 ADDRESS  
1215 K Street, Suite 1400, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 05 / 08</u>	\$ <u>52.79</u>	<u>Food and beverage</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
 ADDRESS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
Governor Arnold Schwarzenegger  
 ADDRESS  
State Capitol, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 /    / 08</u>	\$ <u>102.05</u>	<u>Popcorn Tin/Robe</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
 ADDRESS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
 ADDRESS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE  
 ADDRESS  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  S. Kimberly Belshe

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>▶ NAME OF SOURCE <u>National Academy for State Health Policy (NASHP)</u></p> <p>ADDRESS <u>10 Free Street, 2nd Floor</u></p> <p>CITY AND STATE <u>Portland, ME 04101</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>05 / 05 / 08</u> - <u>05 / 07 / 08</u> AMT: \$ <u>601.00</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Round trip airfare (coach) to attend Annual NASHP Committee Meeting in Washington, D.C.</u></p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE <u>The People's Hospital of Beijing</u></p> <p>ADDRESS <u>Fu Nei Street, Fucheng Men</u></p> <p>CITY AND STATE <u>Beijing, China</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>09 / 23 / 08</u> - <u>10 / 01 / 08</u> AMT: \$ <u>10,742.00</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Round trip airfare (business class) to Beijing, China *</u></p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: \* Pursuant to Government Code Section 89506, travel costs are exempted from the gift limit because costs were paid for by a Chinese teaching hospital for the purpose of providing a speech on California's comprehensive health care reform efforts and lessons learned.

(continued)  
Statement of Economic Interests  
Cover Page

S. Kimberly Belshé

**OFFICE, AGENCY OR COURT**

1. Children and Families Commission (aka) Prop 10 Commission ex-officio Member
2. County Medical Services Program (CSP) Government Board, Member
3. Managed Risk Medical Insurance Board (MRMIB), ex-officio Member
4. State Council on Developmental Disabilities, Member
5. State Mental Health Planning Council, Member
6. California Workforce Investment Board, Member
7. Technology Services Board (TSB), Member
8. California Partnership for the San Joaquin Valley, Member